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7590 08/01/2005

DRUMMOND & DUCKWORTH
 4590 MacArthur Boulevard
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09/09/2005 JBALINAR2 00000075 10069836

01 FC:2501 700.00 DP
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(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/069,836	11/04/2002	Douglas D. Burkett	344-P-30-USA	3956

TITLE OF INVENTION: DIAGNOSTIC METHOD FOR DETECTING DYSPLASTIC EPITHELIAL TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	11/01/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GITOMER, RALPH J	1655	424-009100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Drummond & Duckworth

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Zila, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Phoenix, AZ

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

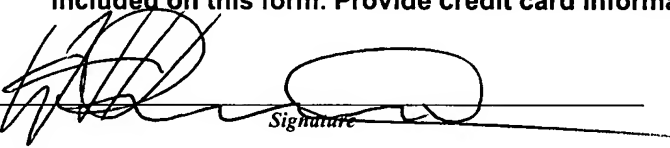
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Authorized Signature

Date September 6, 2005Typed or printed name William H. DrummondRegistration No. 20,590

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity) (37 C.F.R. 1.311)				Docket No. 344-P-30-USA	
Applicant(s): Douglas D. Burkett					
Application No. 10/069,836	Filing Date Nov. 4, 2002	Examiner Gitomer, Ralph J.	Group Art Unit 1655	Confirmation No. 3956	
Invention: DIAGNOSTIC METHOD FOR DETECTING DYSPLASTIC EPITHELIAL TISSUE					
Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith are the following for the above-identified application.					
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85					
<input checked="" type="checkbox"/> Utility Fee: <u> \$ 700.00 </u> <input type="checkbox"/> Design Fee: _____					
<input type="checkbox"/> Publication Fee: _____					
<input checked="" type="checkbox"/> A check in the amount of <u> \$730.00 </u> is attached.					
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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Douglas D. Burkett**

Docket No.

344-P-32-USA

Application No.

10/069,836

Filing Date

Nov. 4, 2002

Examiner

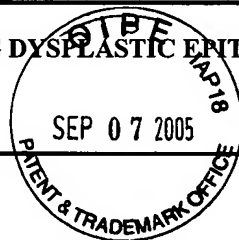
Gitomer, Ralph J.

Customer No.

Group Art Unit

1655


Invention:

DIAGNOSTIC METHOD FOR DETECTING DYSPLASTIC ENTHELIAL TISSUE

I hereby certify that the following correspondence:

Transmittal of Payment of Issue Fee (Small Entity); Part B - Fee Transmittal; Check \$730.00;*(Identify type of correspondence)*

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